

inherited it. In the first case the contrary sexual sensations are in the organism from its birth, like the normal sexual desire in a healthy person (hereditary pæderasty); or they may paroxysmally make their appearance in subjects otherwise capable of normal sexual activity (periodical pæderasty); or they may appear with epileptics as psychical equivalents of epilepsy (epileptic pæderasty). The second group of sexual perversity includes all other abnormal desires of sexual origin, brought on by poor education, bad example, or as expression of vicious habits by immoral persons. In this group he places the pathological expressions of sexual desire which appear in senile and paretic dementia (senile and paretic pæderasty). These different types may be combined with each other, thereby forming complicated cases of sexual perversity.

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INSULTS TO AUTHORITIES BY A PARANOIAC.—Krafft-Ebing (*Neurologisches Centralblatt*, April 1, 1885) reports the following case: During several months notes were found near a house, mostly in the hand-writing of the son of the owner, which contained mean insults against the emperor, authorities, and his own family. Upon complaint of this son and his mother and sister, several persons of the place were arrested but had to be discharged as innocent, until at last the complainants were arrested and sentenced to prison for several months. The state's attorney ordered a new trial, and with it an examination, by a forensic alienist, of the son, whose actions during the trial had induced doubts, from the start, about his responsibility. The result was, that J. K. was found to be a paranoiac, subject to hereditary influences, with a diseased heart, and had become neurasthenic in consequence of onanism (*übermässig getriebener Onanie*) and finally lost his balance through influence of pubescence, and therefore at the time of these actions was in an abnormal mental condition. The proceedings against him were suspended.

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DISTURBANCES OF WRITTEN LANGUAGE IN HALF-IDIOTS.—Dr. Berkhan (*Arch. f. Psych.*, 1885, xvi., H. 1.) found that in a class for half-idiots and weak-minded, twenty of the forty-four scholars wrote from dictation words wrongly. Dr. Berkhan calls attention to the similarity of these written changes with spoken changes of the stammering, but he could not be certain that both faults were of equal value, pathologically. With some of the scholars a proper, methodical training removed the fault, showing the possibility of its treatment.

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INSANITY IN MICHIGAN.—Dr. Hurd (Report of the Pontiac, Michigan, Hospital for the Insane, 1884) makes the following contribution to State psychiatry: He says that cases of melancholia are much more frequent in Michigan than cases of acute mania. A marked change in this respect has been noted during the past

ten years. Since the opening of his hospital for the insane 166 cases of acute mania and 312 cases of melancholia have been admitted. It will be noticed that the number of cases of acute and persistent mania combined scarcely equals those of melancholia. During the past biennial period fifty-one cases of acute mania have been admitted and 133 cases of melancholia.

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MORAL INSANITY AS A DEFENCE FOR CRIME.—The Supreme Court of Pennsylvania (*American Law Register*, March, 1885) not only affirms the existence of moral insanity, but admits that it may, under certain circumstances, constitute a defence for crime. It says: "Moral insanity is not sufficient to constitute a defence, unless it be shown that the propensities in question exist to such an extent as to subjugate the intellect, control the will, and render it impossible to do otherwise than to yield thereto. No mere moral obliquity of perception will protect a person from punishment for his deliberate act. The jury should be satisfied with reference to the act in question that his own reason, conscience, and judgment were so entirely perverted as to render the commission thereof a duty of overwhelming importance. While a slight departure from a well-balanced mind may be pronounced insanity in medical science, yet such a rule cannot be recognized in the administration of law when a person is on trial for the commission of a high crime. The just and necessary protection of society requires the recognition of a rule which demands a greater degree of insanity to exempt from punishment." This decision rests the issue of responsibility not upon *knowledge* but upon power.

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RACE AND INSANITY.—Dr. H. M. Hurd (Report of Pontiac, Mich., Hospital for the Insane, 1883-4) says: The Teutonic races, as a rule, suffer from secondary forms of mental disease, and are liable to be victims of quiet dementia, or to entertain systematized delusions. Epilepsy and paretic dementia are not common among them. The Celtic races, on the other hand, suffer from acute mental troubles, and the terminations of their attacks are largely in noisy, chronic mania or irritable dementia. There is about an equal tendency with the Germans to degenerative forms of disease like paretic dementia, paralytic dementia, or epilepsy. English-born patients are more liable to attacks of acute forms of disease, like mania or melancholia, and to active types of degenerative disease, like paretic dementia or epilepsy. They possess more constitutional vigor and more frequently recover from mania or melancholia than the German or Irish. If the termination is in dementia there is an increased probability that the dementia will present monomaniacal features, and that mental vigor will not be wholly lost. Native-born patients from native-born parents are more liable to melancholia or mania, and the latter form of disease is liable to take the form of mania persistent. In relative curability